



REMIT FORM AND PAYMENT TO:
FPIA
 PO Box 673347
 Detroit, MI 48267-3347

QUARTERLY REPORT AND REMITTANCE

The Farm Produce Insurance Fund (2003, PA 198) is established for the purpose of providing money to pay producers for farm produce losses incurred due to a failure of a grain buyer.

Beginning January 1, 2005, producers will be charged a two-tenths percent (0.002) premium on all farm produce sold at licensed grain dealers in Michigan.

Buyers shall deduct these assessments from the net sales price and shall remit to the Farm Produce Insurance Authority. The producer assessments, as defined in Section 11, shall be calculated using the net sales price of the grain including all assessments and discounts for moisture, quality, variety, or any other characteristic of the farm produce and after the deduction of marketing assessments, storage, drying, cleaning or any usual customary charges of the sale of farm produce. Trucking and other unusual charges shall be deducted after this assessment.

When purchasing grain, a buyer shall deduct the assessments from the producer's net payment, document the producer's premium, and submit the assessments collected in the following period and mail by:

(Please check appropriate box indicating which quarter this applies to)

- ☐ **APRIL 30** for producer assessments collected in January-February-March
☐ **JULY 31** for producer assessments collected in April-May-June
☐ **OCTOBER 31** for producer assessments collected in July-August-September
☐ **JANUARY 31** for producer assessments collected in October-November-December

Company or Buyer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number (including Area Code): _____ FAX Number: _____

Social Security Number: ____ - ____ - ____ or Federal ID Number: _____

Calculation of amount of assessment collected from producer for:

MONTH	DOLLAR AMOUNT OF PURCHASES	ASSESSMENT TO REMIT TO FUND
1. Month 1	\$	
2. Month 2	(+) \$	
3. Month 3	(+) \$	
4. Quarterly Total Purchases	(=) \$	
5. Quarterly Assessment (Amt x .002)	(x) \$.002	
6. Assessment Subtotal pre-deduction	(=) \$	
7. Less (.001 x Line 6 Total *(optional))	(-) \$	
8. Assessment to be Remitted	(=) \$	\$

*Line 7 in calculation above is an optional reduction for grain dealers, See Section 11(3) of PA 198 of 2003

COMPLETE REVERSE SIDE

If this report covers multiple BRANCHES, list the facilities below.

Date(s) Assesments Collected	Purchaser (Elevator or Company collecting Assessments). <i>List each separately</i>	Amount Withheld
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	Name: Branch: City: County:	
	TOTAL OF THIS PAGE \$	
	Enter Total on the front side of form	

How was the assessments collection documented (settlement sheet, check register, journal etc.)? _____

Please remit a check for the above amount made payable to:

FARM PRODUCE INSURANCE AUTHORITY or FPIA, P.O. Box 673347, Detroit., MI 48267-3347

Please return the original and one copy; retain a copy for your files.

NOTE: THIS REPORT MUST BE COMPLETED AND RETURNED, EVEN IF NO GRAIN PURCHASES WERE MADE.

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct and complete.

Authorized Signature: _____ Date: _____

Printed Name: _____

For a copy of this and other forms plus other information related to the Farm Produce Insurance Fund and the Grain Dealers Act go to www.michigan.gov/graindealers .